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CONFIRMATION NO. 1052

SERIAL NUMBER 10/678,023	FILING OR 371(c) DATE 10/01/2003 RULE	CLASS 424	GROUP ART UNIT 1651	ATTORNEY DOCKET NO. 0136.02
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APPLICANTS

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**** CONTINUING DATA ******* FOREIGN APPLICATIONS *****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MD	3	11	3
Verified and Acknowledged	Examiner's Signature <i>m</i>	Initials			

ADDRESS

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TITLE*suttsuga*Chromobacterium *suttsuga*-sp. nov. and use for control of insect pests

<i>m</i> 10/26/06	<i>A</i>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	